

SECURITY REQUEST FORM

COFRS, Financial Data Warehouse, Document Direct

PLEASE PRINT

Employee Information

EMPLOYEE NAME _____	DEPT/AGENCY AND ORG ID _____
POSITION / TITLE _____	TOP SECRET ID _____
E-MAIL ADDRESS _____	SPECIAL OPERATOR ID _____
EMPLOYEE WORK PHONE _____	

If you would like access from home, please contact COFRS Helpdesk at COFRS.Helpdesk@state.co.us to obtain and complete a Security Variance Form.

For training on the Financial Data Warehouse, please e-mail FDW.Training@state.co.us. For training on COFRS and Document Direct, please e-mail COFRS.Helpdesk@state.co.us.

COFRS

Copy another COFRS user ID's profile? Yes ☐ No ☐

If "Yes," please indicate the other user's name _____ and user's ID _____

If "No," please complete the following table (PLEASE PRINT):

Sec 1					Agency Code(s) *				
	1	2	3	4	5	6	7	8	9
6 Security Group:									
7 Scan Action									
8 Approval Action									
9 Enter Action									
10 Correct Action									
11 Delete Action									
12 Schedule Action									
13 Edit Only Action									
14 Hold Action									
15 Queue Action									
16 Run Action									
17 For Whom Test Type									
18 Where Test Type									
19 Where Code									
20 Override									
21 Approvals									
Whom Table Entries									

Does the security profile comply with the Security Guidelines? Yes ☐ No ☐

If "No" box is checked, please attach a written statement from the CFO justifying the need and identifying alternative control procedures for Statewide Security Administrator's approval.

Multi-department requires Statewide Security Administrator's approval.

If the user requests statewide access or multi-agency access for any transaction or group, please indicate the security group and agencies.

Financial Data Warehouse

Authorization is requested to access reports and data contained in the Financial Data Warehouse at the access level checked below:

STATEWIDE ACCESS <i>includes all departments and agencies</i>	<input type="checkbox"/>	DEPARTMENT ACCESS <i>includes all agencies in user's department</i>	<input type="checkbox"/>	AGENCY ACCESS <i>includes specific agency codes listed below *</i>	<input type="checkbox"/>
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* Specific Agency Codes: _____

Document Direct

Copy another COFRS user ID's profile? Yes ☐ No ☐

If "Yes," please indicate the other user's name _____ and user's ID _____

Authorization is requested to access reports and data available through Document Direct at the access level checked below:

STATEWIDE ACCESS <i>includes all departments and agencies</i>	<input type="checkbox"/>	DEPARTMENT ACCESS <i>includes all agencies in user's department</i>	<input type="checkbox"/>	AGENCY ACCESS <i>includes the specific agency codes</i>	<input type="checkbox"/>
<i>Financial Reports</i>	<input type="checkbox"/>	<i>Financial Reports</i>	<input type="checkbox"/>	<i>Financial Reports</i>	<input type="checkbox"/>
<i>Payroll Reports</i>	<input type="checkbox"/>	<i>Payroll Reports</i>	<input type="checkbox"/>	<i>Payroll Reports</i>	<input type="checkbox"/>
<i>Billing Reports</i>	<input type="checkbox"/>	<i>Billing Reports</i>	<input type="checkbox"/>	<i>Billing Reports</i>	<input type="checkbox"/>
(Attach List of ALL Reports)		(Attach List of ALL Reports and ALL Agencies)		(Attach List of ALL Reports and Specific Agencies)	

Signature Approvals

Employee's Supervisor

Date

Work Phone

Department Controller

Date

Work Phone

State Controller (required for security profiles not within security guidelines)

Date

Work Phone

Statewide Security Administrator (required for multi-department access to Financial Data Warehouse)

Date

Work Phone